TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) gr 1.97(c))			Docket No. SBI-100	
In Re Application Of:	APR 1 2 2002	30		
Lim, et al. Serial No.	Filing Date THADEWAY	Examiner \	Group Art Dhit	
10/023,911	12/18/2001	×.	<u>, </u>	
Title: APPARATUS AND METHOD TO STABILIZE AND REPAIR AN INERVERTEBRAL DISC				
·	Assistant Com Washing	ddress to: nmissioner for Patents gton, D.C. 20231	APR 1 6 2002 GROUP 3600	
1. The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.				
	37 C	FR 1.97(c)		
The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: ☐ the statement specified in 37 CFR 1.97(e);				
	OR			
☐ the fee se	t forth in 37 CFR 1.17(p).			
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v. 2.

TRANSMITTAL OF INFORMATION DISCLO (Under 37 CFR 1.97(b) or 1.97		Docket No. SBI-100	
In Re Application:			
Serial No. Fairing Date 10/023,911 Fairing Date	Examiner	Group Art Unit	
APPARATUS AND METHOD TO STABILIZE AND I	APR 1 6 2002 GROUP 3600		
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))			
□ The Assistant Commissioner is hereby authorized as described below. A duplicate copy of this shee □ Charge the amount of □ Credit any overpayment. □ Charge any additional fee required. □ Certificate of Transmission by Facsimile* Certificate of Transmission by Facsimile*	Certificate of Mailing by I certify that this document and Coric 9,2002 with as first class mail under 3 addressed to the Assistant Con Washington D.C. 20231.	fee is being deposited the U.S. Postal Service 7 C.F.R. 1.8 and is nmissioner for Patents,	
Typed or Printed Name of Person Signing Certificate	Signature of Person Ma Amy Lewis Typed or Printed Name of Pers		
*This certificate may only be used if paying by deposit account. Signature Timothy L. Scott Reg. No. 37,931 SULZER MEDICA USA INC. 3 East Greenway Plaza, Suite 1600 Houston, Texas 77046 Phone: 713/561-6374 Fax: 713/561-6380	Dated: 04/08/02	RECEIVED JAN 1 6 2003 NOLOGY CENTER R3700	
cc:			